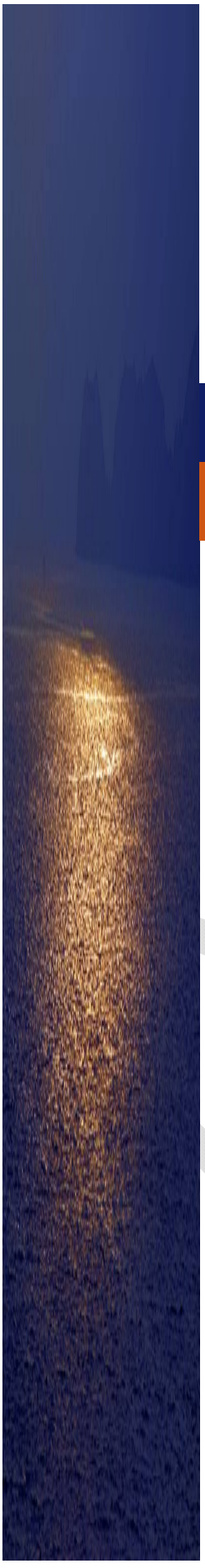

MHSOAC

Mental Health Services
Oversight and Accountability Commission

A Report to the Legislature

Fiscal Year 2008 - 2009

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TABLE OF CONTENTS

EXECUTIVE SUMMARY……4

ISSUE STATEMENT……8

BACKGROUND……9

IMPLEMENTATION ACTIVITIES IN FY 2007-08 AND 2008-09……10

1.0 County MHSA Plans……10

1.1 Prevention and Early Intervention

1.2 Workforce Education and Training

1.3 Community Services & Supports – Housing

1.4 Capital Facilities and Technology

1.5 Innovation

1.6 Annual Update and Integrated Plan

2.0 Statewide Projects…… 13

2.1 Student mental Health Initiative

2.2 Stigma and Discrimination Reduction

2.3 Suicide Prevention

2.4 Reducing Disparities; Racial, Ethnic, and Cultural Specific Programs

2.5 Training and Technical Assistance

3.0 MHSOAC Committees and Workgroups…… 15

3.1 Cultural and Linguistic Competence Committee

3.2 Innovation Committee

3.3 Client and Family Leadership Committee

3.4 Mental Health Funding and Policy Committee

3.5 Evaluations Committee

3.6 Co-Occurring Disorders Workgroup

4.0 Administrative Activities…….. 19

4.1 Communications

4.2 Memorandum of Understanding

4.3 Strategic Plan

4.4 Budget Related Activities

4.5 Commission Motions

EXECUTIVE SUMMARY

Summary of Mental Health Services Oversight and Accountability Commission Report to the Legislature -- FY 2008-2009

The Mental Health Services Oversight and Accountability Commission (MHSOAC) was established in November 2004 with the voters' approval of Proposition 63, the Mental Health Services Act (MHSA).

This report informs the Legislature of the MHSOAC's activities, accomplishments and future endeavors during Fiscal Years (FY) 2007-08 and 2008-09, related to implementing the MHSA.

Financial Background

The MHSA imposes a 1 percent income tax on personal income in excess of $1 million. This new tax has generated more than $4.1 billion in additional revenues for mental health services through the end of Fiscal Year (FY) 2007-08 and is anticipated to generate an additional $1 billion in FY 2008-09. The Governor's Proposed FY 2009-10 Budget for the MHSA is estimated at $914 million.

Just under $2 billion has been distributed by the Department of Mental Health (DMH) through the end of FY 2007-08. Additionally, $1.5 billion is anticipated to be distributed in FY 2008-09 and $1.7 billion is anticipated for FY 2009-10.

DMH has provided the following information regarding the count of individuals served in MHSA Community Services and Supports programs:

Annual Unduplicated Count of Individuals Served in MHSA Community Services and Supports programs[1]
Source: Exhibit 6, Quarterly MHSA Reporting

	Outreach & Engagement	System Development	Full Service Partnerships
FY 2006-07[2]	30,546	30,045	3,649
FY 2007-08	144,173	212,485	16,379

[1] Unduplicated cell counts can not be added to totals due to some individual clients being counted in more than one category of service.
[2] Lower numbers for FY 2006-7 are likely due to slower than expected program ramp-up and poor reporting.

Programs

Prevention and Early Intervention (PEI)

- In June 2008, the MHSOAC approved making available an additional $25 million to counties for PEI Community Program Planning (CPP), doubling the total amount from the FY 2007-08 and 2008-09 planning estimates.
- The MHSOAC has authorized a $40 million increase in FY 08-09 PEI Funding.
- The MHSOAC has authorized $330 million for PEI funding in FY 2009-2010.
- As of December 2008, 18 counties have submitted PEI plans and the MHSOAC has approved nine county PEI plans.

Workforce Education & Training (WET)

- As of December 2008, the MHSOAC WET Review Team has participated in the review of 17 WET plans, providing review and comment to DMH. The DMH has approved a total of 17 county WET plans for a total of $45,554,157. Seven additional plans are currently under review.
- The DMH has set a maximum funding level of $600,000 per year per region for FY 2008-09, 2009-10 and 2010-11 in order to provide funding for one or more Regional Partnerships that include one or more counties in each region.

CSS/Housing

- The MHSA Housing Program makes permanent financing and capitalized operating subsidies available for the purpose of developing permanent supportive housing. A total of $400 million of MHSA funds has been set aside for initial funding of the program and each county mental health department in California received a portion of the funds.
- As of January 2009, a total of 20 housing applications have been received from 13 counties. Of the 20 applications received, four have been approved for a total of $7,769,000 and for a total of 69 MHSA units.

Capital Facilities and Technological Needs (CFTN)

- As of January 2009, the MHSOAC has participated in the DMH review and approval of seven CFTN plans for a total of $58,828,800.

Innovation

- The MHSOAC has authorized INN funding for FY 2008-09 in the amount of $71 million.
- The MHSOAC has authorized INN funding for FY 2009-10 in the amount of $71 million.

STATEWIDE PROJECTS

Student Mental Health Initiative (SMHI)

- The MHSOAC has authorized this statewide project for $15 million a year for four years, subject to reassignment of funds from the counties.

Stigma and Discrimination Reduction

- The MHSOAC has authorized this statewide project for $15 million a year for four years, subject to reassignment of funds from the counties.

Suicide Prevention

- The MHSOAC has authorized this statewide project for $10 million a year for four years, subject to reassignment of funds from the counties.

Reducing Disparities Project

- This statewide project will launch a multi-cultural strategic planning process that includes a robust stakeholder process to develop recommendations for local and state actions to reduce disparities among racial, ethnic, cultural and gender specific population groups. DMH will present this project to the MHSOAC for adoption in February 2009.

Training and Technical Assistance

- In July 2008, the MHSOAC approved making available to the counties $6 million/year for four years for the purpose of developing and providing statewide training, technical assistance and capacity building,

Other Activities

Evaluation Committee

- The MHSOAC has authorized an evaluation of the administration and services provided under the MHSA. In addition, the evaluation will depict the extent to which the objectives of the MHSA have been accomplished and what progress has been made in transforming the mental health system across multiple levels.

Co-Occurring Disorders Workgroup

- The MHSOAC Co-Occurring Disorders Report made the global recommendation that "the MHSOAC should promote "Co-occurring Disorders Competency" as a core value in implementation of the MHSA and this value should be reflected in the Commission's Annual Strategic Plan." This global recommendation is followed by ten transformative goals for the Mental Health Services Act. The COD Report is posted on the Department of Mental Health's website at: www.dmh.ca.gov/MHSOAC/default.asp

Communications

- The MHSOAC's overarching intent for its Communications Unit is that Communications should be a vehicle for reporting MHSOAC milestones to the public. The Communications Unit seeks to achieve this goal through the use of various communication tools and activities, listed below:
- Publishing a newsletter with stories about the successful use of MHSA funds, including stories about the groundbreaking Prevention and Early Intervention Program and the much anticipated MHSA Housing Program.
- Completing fact sheets with information about the MHSA in general and the PEI program in particular.
- Producing and distributing many press releases, highlighting the decisions of the MHSOAC.
- Producing brochures about local and state MHSA processes, in order to encourage public participation.
- Developing an independent Commission website, due to launch in early 2009.

ISSUE STATEMENT

This report informs the Legislature of the MHSOAC's activities, accomplishments and future endeavors during fiscal years (FY) 2007-08 and 2008-09, related to implementing the MHSA. This report provides an update on MHSOAC oversight activities, highlighting collaboration with MHSA partners and stakeholders. It identifies actions taken by the MHSOAC to fulfill the mandates in the MHSA and to continue building toward transformation of California's public mental health system.

This report will be submitted bi-annually, coinciding with the DMH bi-annual Expenditure Report on Proposition 63 funds, also referred to as the Mental Health Services Fund (MHSF).

BACKGROUND

California voters approved Proposition 63, now known as the MHSA, in the November 2004 General Election. The MHSA became effective on January 1, 2005. The MHSA is intended to expand mental health services to children and youth with serious emotional disturbances (SED), and to adults and older adults with serious mental illnesses whose service needs are not being met through other funding sources.

The MHSOAC provides the vision and leadership, in collaboration with clients, their family members and underserved communities, to ensure Californians understand that mental health is essential to overall health. The MHSOAC holds public systems accountable and provides oversight for eliminating disparities by promoting mental wellness, recovery and resiliency and ensuring positive outcomes for individuals with serious mental illness and their families. The MHSOAC recommends policies and strategies to further the vision of transformation, addressing barriers to system change and providing oversight to ensure funds are spent according to the intent and purpose of the MHSA.

Since its establishment, the MHSOAC has been working collaboratively with the DMH and other mental health partners to implement the MHSA. Activities include collaborating with DMH and other stakeholders 1) in the development of guidelines and review tools for each MHSA component, 2) in the review of the MHSA plans submitted by the counties of California, and 3) collaborating developing policies to advance implementation.

The MHSOAC collaborates with DMH in the review of county plans for Community Services and Supports (CSS), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN) by participating in review teams and providing comment to DMH.

The MHSOAC has budget approval for the Prevention and Early Intervention (PEI) and Innovation (INN) components. For PEI, the MHSOAC convenes review teams that include DMH, clients, family members, cultural competence experts, and subject matter experts that have knowledge and experience with the key community mental health needs and the priority populations established in the PEI proposed guidelines. Final recommendations are placed on the monthly Consent Agenda for MHSOAC approval.

For INN, the DMH has worked closely with the MHSOAC and other stakeholders to develop proposed guidelines, which should be released by the end of December 2008. The review process for county INN plans will be developed and joint review teams are being considered for the review of county INN plans.

IMPLEMENTATION ACTIVITIES IN FY 2007-08 AND 2008-09

1.0 COUNTY MHSA PLANS

The MHSOAC participates in the review and comment of all county plans for the five MHSA components: CSS, PEI, INN, WET, and CFTN. In addition, the MHSOAC participated in the development of guidelines for each component. These guidelines are the basis for proposed regulations and provide instructions to counties regarding activities that will be funded within each component and what must be included in their county plan to obtain MHSA funding. Detailed descriptions of MHSOAC activities within each component completed during FY 2007-08 and FY 2008-09 are listed below.

1.1 Prevention and Early Intervention

After several years of developing guidelines and review criteria since the passage of the MHSA, the MHSOAC began receiving plans for the PEI component in June 2008. As of December 2008, 18 county PEI plans have been submitted and nine county PEI plans have been approved.

- Approved County Plans: Alameda, Glen, Merced, Modoc, Mono, Monterey, San Bernardino, San Mateo and Solano County
- County Plans currently under review: Colusa, Humboldt, Madera, Plumas, San Diego, San Luis Obispo, Shasta, Sonoma and Tuolumne County

In June 2008, the MHSOAC approved making available an additional $25 million to counties for PEI Community Program Planning (CPP), doubling the total amount from the FY 2007-08 and 2008-09 planning estimates. The revised total of PEI CPP funding is $50 Million, which provides counties additional flexibility to support system investments such as infrastructure costs, additional community planning, and other potential costs of a non-recurring nature. In addition, the additional CPP funding will allow counties to use these funds to support state level activities for three statewide PEI programs beginning in FY 2008-09: Suicide Prevention, the Student Mental Health Initiative, and Stigma and Discrimination Reduction.

1.2 Workforce Education & Training

As of December 2008, the MSHOAC WET Review Team has participated in the review of WET plans, providing review and comment to DMH. The DMH has approved a total of 14 county WET plans. Seven plans are currently being reviewed by DMH.

- Approved County Plans: Colusa, Kern, Merced, Mono, Monterey, Orange, Plumas, Riverside, San Bernardino, San Francisco, Santa Barbara, Santa Cruz, Stanislaus and Trinity County

- County Plans currently under review: Calaveras, El Dorado, King, Los Angeles, Marin, Placer and Ventura

On June 13, 2008, DMH issued Information Notice 08-13providing additional guidance and funding to counties for WET plans. In July of 2008, DMH developed the Five-Year Workforce Education and Training Development Plan in response to WIC Sections 5820-5822. This Five–Year Plan was approved by the California Mental Health Planning Council (CMHPC) in the summer of 2008 and covers the period of April 2008 to April 2013. DMH is required to develop subsequent plans every five years.

DMH Information Notice 08-20, dated July 29, 2008, provided instructions to counties to request WET Funding for Regional Partnerships. DMH will distribute these WET funds to a county through a Request for Application process. There will be five (5) regions throughout California: Southern Region, Los Angeles Region, Central Region, Bay Area Region and Superior Region. The DMH has set a maximum funding level of $600,000 per year per region for FY 2008-09, 2009-10 and 2010-11 in order to provide funding for one or more Regional Partnerships that include one or more counties in each region.

On October 24, 2008, DMH posted proposed WET regulations for public comment. The MHSOAC provided written public comment to the DMH within the 45 day public comment period.

1.3 CSS/Housing

Counties submit separate MHSA plan proposals to request funding from the Housing portion of CSS. Plans are submitted for each housing project for which a county is requesting MHSA funding. This funding will provide counties with the resources to build supportive housing projects and programs that are critical to target populations, such as adults and older adults who are homeless or at risk of homelessness due to mental illness.

The MHSOAC adopted a review tool for CSS Housing in June 2008. Counties began sending in their requests for this funding in April 2008. To date, a total of 20 housing applications have been received from 13 counties. Of the 20 applications received, the following four have been approved:

- Mutual Housing at the Highlands, Sacramento County
- Polk Senior Housing, San Francisco County
- Belovida Santa Clara, Santa Clara County
- Cedar Gateway, San Diego County

Expected outcomes resulting from the implementation of these supportive housing projects include decreased numbers of homeless individuals with mental illness,

increased amount of supportive services available to individuals with mental illness and their family members, decreased numbers of individuals with mental illness who are incarcerated or hospitalized, and increased numbers of mental health consumers employed in the mental health system.

1.4 Capital Facilities and Technological Needs

The MHSOAC has participated in the DMH review of all proposed county plans submitted for CFTN. In May 2008, the MHSOAC adopted a review tool for reviewing the proposed county plans that emphasizes those tenants within the MHSA that reflects the planning process that includes the unserved, underserved, and inappropriately served and considers cultural/ethnic needs .

- Approved County Plans: Fresno, Monterey, San Mateo, Riverside, Orange
- County Plans currently under review: Nevada

County plans can incorporate Capital Facility funds, Technological Needs funds, or both, depending on the individual needs within the counties.

1.5 Innovation

The DMH has worked closely with the MHSOAC and other stakeholders to develop proposed guidelines, which should be released by the end of December 2008. Once guidelines are released, counties can begin to develop their INN plan proposals. The review process for county INN plans will be developed and conducted by the MHSOAC review teams.

1.6 Annual Update and Integrated Plan

Activities related to the Integrated Plan and Annual Update during FY 2007-08 are ongoing. During the FY 2007-08, DMH convened a workgroup to develop guidelines for the Three Year Integrated Plan and Annual Update. MHSOAC commissioners and management participated in this workgroup.

DMH finalized guidelines for the Annual Update in August 2008. Counties will start submitting Annual Updates in spring of 2009. The MHSOAC will review and comment on the Annual Updates.

The MHSOAC will continue to participate in the Three Year Integrated Plan workgroup, collaborating with DMH staff to finalize the Three Year Integrated Plan Guidelines. The anticipated release of the final guidelines is July 1, 2009. The MHSOAC projects that counties will begin submitting their Three Year Integrated Plans to the DMH in late 2010.

The MHSOAC will review all Three Year Integrated Plans to determine whether to recommend approval of the funding requests for PEI and INN which are made within those plans.

2.0 STATEWIDE PROJECTS

In May of 2008, MHSOAC determined that DMH would administer three statewide PEI projects: Student Mental Health Initiative (SMHI), Stigma and Discrimination Reduction, and Suicide Prevention Projects. The MHSOAC will continue to monitor the development and implementation of these three projects until they are fully implemented.

2.1 Student Mental Health Initiative (SMHI)

The SMHI will provide an opportunity for California schools and higher education campuses to strengthen student mental health programs. Created in response to the Virginia Tech tragedy, the SMHI provides public Local Education Agencies (K-12) and Public Institutions of Higher Education (University of California, California State University, and California Community Colleges) the opportunity to apply for funds to develop, expand and integrate campus-based mental health services and supports. This initiative provides an opportunity for education entities to address mental health service gaps, improve services, promote mental health and facilitate access to support services at the earliest possible signs of mental health problems and concerns.

2.2 Stigma and Discrimination Reduction

The MHSOAC convened a Stigma and Discrimination Advisory Committee that produced a report in June 2007 recommending statewide "Consumer Empowerment and Personal Contact" and "External Influence" strategies, and the development of a comprehensive strategic plan to address stigma and discrimination against people with mental health problems. In collaboration with the MHSOAC, DMH reconvened the Stigma and Discrimination Advisory Committee to develop a 10-year strategic plan to include recommendations on strategic directions, action plans, and next steps. The work of the advisory committee will be completed in early 2009. In April 2009, DMH will present the report to the MHSOAC for approval.

2.3 Suicide Prevention

This statewide project will support and coordinate with counties in launching the implementation of the *California Strategic Plan on Suicide Prevention* which was approved by the Governor's Office on June 30, 2008. The recommendations in this document were developed by a multidisciplinary advisory committee convened by the DMH and included representatives from the counties, MHSOAC, and other stakeholders. The Plan contains four strategic directions and over thirty recommended actions at both the state and local level, to prevent suicide in California.

2.4 Reducing Disparities Project

One of the primary goals of the MHSA is to improve timely access to services for unserved and underserved populations and to reduce mental health disparities. Consistent with statewide PEI policy established by the MHSOAC in January 2007, this statewide project will launch a multi-cultural strategic planning process that includes a robust stakeholder process to develop recommendations for local and state actions to reduce disparities among racial, ethnic, cultural and gender specific population groups. DMH will present this project to the MHSOAC for adoption in February 2009.

2.5 Training and Technical Assistance

In July 2008, the MHSOAC approved making available to the counties $6 million/year for four years for the purpose of developing and providing statewide training, technical assistance and capacity building, including opportunities for subcontracting and other forms of partnering with local community partners to assure the appropriate provision of prevention and early intervention activities. MHSOAC will participate with the counties and other stakeholders in the development of training and technical assistance with the goal of improving the capacity of partners outside of the mental health system, i.e., education, primary health care, law enforcement, primary care providers to assist in prevention and early intervention efforts.

3.0 MHSOAC COMMITTEES AND WORK GROUPS

The MHSOAC has created various committees and work groups to provide leadership and to meet its oversight responsibilities since the passage of the MHSA. Currently, the MHSOAC has five active committees, one committee that will become inactive and one work group. These committees and work groups provide recommendations to the MHSOAC on key issues related to the implementation of the MHSA. These key issues include, but are not limited to, mental health funding, MHSA evaluation, mental health policy issues related to MHSA values and principles, and other emerging issues.

3.1 Cultural and Linguistic Competence Committee (CLCC)

CLCC met monthly during FY 2007-08. The committee revised the generic MHSOAC committee application to allow for determination of ethnic, cultural, and racial identity/experience/expertise. This issue will be brought to the full MHSOAC in early 2009. The committee developed the Cultural and Linguistic Competence Committee Workplan which was adopted by the MHSOAC in February 2008. The CLCC Workplan will serve as a basis for future committee work to reduce ethnic, cultural, and racial disparities.

The CLCC worked closely with the Inter-Tribal Council of California, Inc., to present challenges and successes made through collaboration with DMH. The presentation from the Native American community showed progress in outreach to, and involvement of, the Native American community in MHSA planning and implementation.

The CLCC reviewed and provided comments on the DMH proposed PEI Statewide Project for Reducing Ethnic Disparities. This review also provided an opportunity for committee members and other members of the public to voice concern or support for DMH proposal.

CLCC is scheduled to report to the MHSOAC in early 2009 and present a white paper which will focus on reducing disparities. The CLCC report will educate commissioners on the problems with disparities and will launch future committee efforts to address the issues. CLCC will also begin to look at the development of "community-based evidence", instead of Evidence Based Practices, as a way of developing measurable programs for ethnic, racial, and cultural communities. In addition the CLCC will monitor the implementation of the PEI State-administered Project on Reducing Disparities and the Student Mental Health Initiative. This Committee will also provide input on the community program planning for the Integrated Plan.

3.2 Innovation Committee

MHSOAC formed the Innovation Committee as a resource to help provide policy direction in the development of the INN component. This committee was

comprised of a diverse group of stakeholders and governmental services staff. The charge of this committee was to develop recommendations regarding priorities, definitions, scope, principles, and criteria to guide the development of draft requirements for Innovative programs. The Committee produced an Innovation Resource Paper which was approved by the MHSOAC in the fall of 2007.

The Innovation Committee was reconvened in the spring of 2008 to develop recommendations on focus areas, best practices and to participate in the development of INN guidelines. These recommendations were presented to the MHSOAC and subsequently presented to DMH during the review process for the proposed INN guidelines. In October and November 2008, the Innovation Committee met for the last time to review and provide comments to the MHSOAC on the DMH Draft Innovation Guidelines. DMH will release the proposed INN guidelines by the end of December, 2008.

3.3 Client and Family Leadership Committee

The MHSA requires the MHSOAC to "emphasize client-centered, family focused and community-based services." For that purpose the MHSOAC formed the Client and Family Leadership Committee (CFLC). The members of this committee are a diverse, representative group of consumers, family members and providers. The CFLC will ensure that consumers and family members are meaningfully involved in all aspects of MHSA implementation.

Early in 2009, the CFLC will present its completed draft Work plan to the MHSOAC for adoption. One of the main pieces of the Workplan will be to provide the MHSOAC with a policy paper on 'Lived Experience' by the end of 2009. Additional activities will include monitoring the implementation of the Stigma and Discrimination, Suicide Prevention and the Student Mental Health Initiative State-administered projects.

3.4 Mental Health Funding and Policy Committee

The Mental Health Funding and Policy Committee was established in response to the recommendation from the Supplantation and Maintenance of Effort Workgroup in spring 2007. This workgroup identified the need for a financial committee to be established to provide recommendations to the Commission on fiscal and policy issues as they relate to the implementation of the MHSA. The Mental Health Funding and Policy Committee held its first meeting in July 2008. Committee membership includes stakeholders, county representatives, DMH, the CMHPC and the County Mental Health Director's Association (CMHDA).

The MHSOAC adopted the committee charter in November 2008. The charge is to ensure that all MHSA funds are "expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to

local and state oversight to ensure accountability to taxpayers and to the public." In efforts to begin these activities, the Committee has had presentations from DMH on the status of the Mental Health Services Fund and the CMHDA on the history and present status of mental health funding sources. In addition, the Committee Chairs have met with the Director of DMH to discuss opportunities for collaborative efforts in the future. The Committee will be presenting to the Commission in January on potential activities.

3.5 Evaluation Committee

The Measurements and Outcomes Technical Resource Group (MOTRG) met in February 2008 to discuss an overall evaluation of the Mental Health Services Act. Through the leadership of the Co-Chairs, the MHSOAC approved a policy proposal in May 2004.

The proposal argued that the landmark MHSA legislation required a competent evaluation of the administration and services provided under the MHSA. Equally important, the evaluation needed to accurately depict the extent to which the objectives of the MHSA have been accomplished and what progress has been made in transforming the mental health system across multiple levels.

The proposal further stated that the evaluation was also critical in the ability of the MHSOAC to provide oversight and clarification on the roles and responsibilities of the mental health partners (i.e., MHSOAC, Department of Mental Health, California Mental Health Planning Council and the California Mental Health Directors Association) in the continued implementation of the MHSA. Clarifying roles and responsibilities was a recommendation made in the Performance Evaluation Report by the Office of State Audits and Evaluations (OSAE).

At the beginning of summer 2008, the MOTRG was renamed the Evaluation Committee and the membership subsequently approved the crafting of a Request for Proposal (RFP) for the first phase of the evaluation. The Committee has essentially articulated the following three phases: Phase I will delineate the Scope of Work through an RFP; Phase II entails the Comprehensive Evaluation; and, Phase III will focus on a post implementation evaluation report. The Evaluation Committee anticipates the RFP will be ready for release in February 2009.

3.6 MHSA Services Committee

The MHSOAC is in the process of forming the MHSA Services Committee. The development of a Committee Charter and the recruitment will occur during FY 2008-09.

3.7 Co-Occurring Disorders Workgroup

In November 2007, the MHSOAC established a 19-member Workgroup on Co-occurring Disorders (COD). The COD Workgroup developed comprehensive

recommendations to address the needs of individuals with co-occurring mental illness and substance abuse. The COD Workgroup, which met from November 2007 through June 2008, heard briefings by state leaders and experts on the status of the treatment of co-occurring disorders in California. As a result of these briefings, the COD Workgroup produced the MHSOAC Report on Co-Occurring Disorders. This report was adopted by the MHSOAC in November 2008 and referred to the MHSOAC Mental Health Services Committee for further review and implementation.

The COD Report made the global recommendation that "the MHSOAC should promote "Co-occurring Disorders Competency" as a core value in implementation of the MHSA and this value should be reflected in the Commission's Annual Strategic Plan." This global recommendation is followed by ten transformative goals for the Mental Health Services Act. The COD Report is posted on the Department of Mental Health's website at: www.dmh.ca.gov/MHSOAC/default.asp

4.0 ADMINISTRATIVE ACTIVITIES

The MHSOAC has been active in building the capacity and infrastructure necessary for the Commission to achieve their goals and fulfill their responsibilities. In doing this, the MHSOAC has been able to implement outreach strategies, has developed a working strategic plan and is collaboratively working to develop a Memorandum of Understanding (MOU) with the key mental health partners. The MHSOAC has also participated in a variety of administrative activities such as independently completing Budget Change Proposals. The increased capacity of the MHSOAC has helped to give the MHSOAC a voice and independence which is beneficial to the stakeholders who voted for Proposition 63, and the transformation of the mental health system.

4.1 Communications

The MHSOAC Communications Unit activities in FY 2007-08 included the goal of transforming California's mental health system into one of client and family empowerment. The Communications Unit also sought to provide cultural and linguistically appropriate outreach to underserved communities; reduce stigma and discrimination by communicating messages to the public that promote understanding, acceptance and support encouraging media coverage promoting the same values; ensure oversight and accountability through research and dissemination of information; and to show case the successes and challenges of the implementation of the MHSA.

The MHSOAC's overarching intent for the Communications Unit was that Communications should be a vehicle for reporting MHSOAC milestones to the public. The Communications Unit sought to achieve this goal through the use of various communication tools and activities, listed below:

- Publishing a newsletter with stories about the successful use of MHSA funds, including stories about the groundbreaking Prevention and Early Intervention Program and the much anticipated MHSA Housing Program.
- Completing fact sheets with information about the MHSA in general and the PEI program in particular.
- Producing and distributing many press releases, highlighting the decisions of the MHSOAC.
- Producing brochures about local and state MHSA processes, in order to encourage public participation.
- Developing an independent Commission website, due to launch in early 2009.

4.2 Memorandum of Understanding

MHSOAC leadership has been engaged in a series of meetings with DMH resulting in a draft Memorandum of Understanding (MOU) which is close to

completion. Topics covered in the MOU include: budgets, contracts and administrative support, evaluation, local three-year program and expenditure plan and annual update principles, guidelines, process and review tools, technical assistance to counties, grievance and complaints, training and other supports, committees/meetings-participation and role, hiring procedures for Executive Director and media. The completion of this MOU will result in a much more coordinated and efficient working relationship between the DMH and the MHSOAC.

A second MOU process is currently in development between the DMH, CMHDA, CMHPC and MHSOAC which will be written specifically to describe a common understanding about the roles and responsibilities of each entity as they relate to implementation of the MHSA. Both MOUs are anticipated to be finalized in January 2009.

4.3 Strategic Plan

The MHSOAC held their first Strategic Planning meeting in March 2008. The meeting included both MHSOAC Commissioners and staff. This meeting helped the Commission develop yearly goals and prioritize activities for the upcoming fiscal year. The MHSOAC has continued to review the draft Strategic Plan that was developed from this meeting and is in the process of developing and adopting a new Strategic Plan for fiscal year 2009-10.

The MHSOAC will again meet in March 2009 for the yearly Strategic Planning Meeting. During this meeting, the Commission will make final commitments to its work. The draft Strategic Plan, which is currently under development, will be the topic for this meeting.

This Strategic Plan will help the Commission define its work and maintain its primary focus on activities committed to in the plan. It will also allow stakeholders and others interested in the implementation of the MHSA to more easily track MHSOAC activity and identify areas in which they may become involved. The MHSOAC is also currently engaged in a process to develop an MOU with DMH, CMHPC and CMHDA for the purpose of clarifying roles and responsibilities as they relate to implementation of the MHSA. It is anticipated that the outcome of this MOU process will serve as the foundation for the MHSOAC Strategic Plan.

4.4 Budget Related Activities

During FY 2007-08, the MHSOAC submitted a FY 2008-09 Spring Finance Letter requesting additional resources to ensure that all work completed by the MHSOAC is guided by expertise in the field of mental health. This expertise includes the addition of a Consulting Psychologist, subject matter experts, and additional resources for committees. Upon the approval of these resources, the MHSOAC hired a Consulting Psychologist, began a contract with multiple subject matter

experts and increased membership of committees. The Consulting Psychologist provides leadership to all MHSOAC staff on best practices and state of the art promising practices standards related to the implementation of the MHSA. This includes providing expertise on all significant trends and policy issues. In addition, the MHSOAC is now contracting with subject matter experts who participate in the plan review for the PEI component. These subject matter experts have a central role in assisting the MHSOAC in the PEI county plan review process and are selected based on their expertise on issues related to specific priority populations and key mental health needs with a focus on cultural diversity and cultural competency issues.

In the beginning of FY 2008-09, the MHSOAC participated in the exemption process to ensure all critical resources, such as stakeholder contracts, transcription contracts and staff, were secured. These resources are essential components to fulfilling the MHSOAC's role of oversight and accountability.

The MHSOAC held a Contractor's Symposium in early December 2008. The purpose of this meeting was to provide MHSOAC contractors with a clear understanding of the budget process as it relates to contracts and the administrative processes necessary for receiving payment and complying with the requirements within the contracts. This meeting gave contractors a venue to get their questions answered and become familiar with MHSOAC staff. This informational meeting is hoped to prevent unnecessary confusion with the contracting process and to increase transparency in the work completed by the MHSOAC.

4.5 Commission Motions

Throughout FY 2007-08, the MHSOAC held a total of ten monthly meetings at various locations in California, excluding the months of August and December. One of these meetings was the Strategic planning meeting. At these meetings, Commissioners listen to presentations from DMH, CMHDA, CMHPC and stakeholder groups to make informed motions on the recommendations being presented. Below is a summary of the salient actions approved during FY 2007-08:

- Support of the DMH information notice and enclosures regarding county funding requests for MHSA PEI community program planning funds – July 2007
- Formal position regarding the MHSA Higher Education Prevention Proposal Report adopted – September 2007
- Innovation Resource Paper adopted – November 2007
- PEI Plan Review Tool adopted – November 2007

- WET Plan Review Tool adopted – February 2008
- MHSOAC Communications Plan adopted – May 2008
- Approved delegating administration to DMH of PEI Statewide Projects for Suicide Prevention, Student Mental Health Initiative, and Stigma and Discrimination Reduction – May 2008
- Policy Paper for the Evaluation of the MHSA adopted – May 2008
- CSS Housing Review Tool approved – June 2008
- Authorized a $40 million increase in FY 08-09 PEI Funding –June 2008
- Approved making available to counties PEI training and technical assistance statewide funds for statewide training and technical assistance – July 2008
- Authorized an increase of $25 million for PEI funds that can be utilized for PEI Community Program Planning – get date
- Adopted the Co-Occurring Disorder report – November 2008.
- PEI – FY 2009-10: $330 million
- INN – FY 2008-09: $71 million
- INN – FY 2009-10: $71 million

Additional information on all motions approved by the Commission can be found on the MHSOAC website at: www.dmh.ca.gov/MHSOAC/default.asp